Introduction:
Dysphagia increase the risk of aspiration pneumonia, malnutrition, dehydration and death. This combined with the fact that patients with dysphagia have a longer stay in the hospital makes early prognosis and appropriate treatment important. Knowledge about effect of early dysphagia screening is limited. The aim of this study is to examine the prevalence of dysphagia in the Emergency Department (ED) population.

Methods:
This study included consecutively hospitalized patients in 10 days from 2pm-10pm at the ED of North Denmark Regional Hospital. The screening took place within 2 hours of admission. Inclusion criteria were any of the following: age ≥65 years, neurological disorders, alcoholism, COPD, pneumonia, dyspnoea, diabetes or unexplained weight loss. A nurse screened patients with a water test and with signs of dysphagia tested by an occupational therapist with the V-VST and the MEOF-II.

Results:
Of 140 eligible patients (56% male, median age 75 years) 95 (68%) were screened. It was impossible to screen 12 patients (9%) to limited time and 30 patients (21%) due to poor health condition and 5 patients (4%) declined participation. The prevalence of dysphagia in the study population was 16% (15 patients). Results from the water test were confirmed with V-VST and MEOF-II. In patients with lung related diseases or circulatory diseases was the prevalence respectively 25% and 24%. Patients, not screened due to poor health condition, were tested during hospitalisation and the prevalence of dysphagia was 75% in this group of patients.

Conclusion:
The prevalence in ED patients was 16%. Patients transferred to other departments due to poor health condition had a prevalence of 75%. It is possible to screen patients in the ED. The water test is a useful screening tool in an acute setting.